FY 2002 BUDGET AND PERFORMANCE REQUIREMENTS
PROGRAM MANAGEMENT
Addendum 2
December 26, 2001

Provider Education and Training (Carrier)

(CMM is in the process of manualizing requirements in this section and expects to have this completed before the end of 2001.)

The Provider Education and Training (PET) Budget Performance Requirements (BPRs) initiatives for FY 2002 are based on CMS's continued goal of providing superior services to its customers and to promote the short and long term fiscal integrity of the Medicare Program. The FY 2002 PET activities are to be allocated between the Program Management (PM) and the Medicare Integrity Program (MIP) budgets.

PM-PET uses mass media, such as print and Internet, face to face instruction and presentations in classroom and other settings to meet the needs of Medicare providers for timely, accurate and understandable Medicare information. The methods used for instructional design, promotion and dissemination (and the share of resources committed to specific activities) should depend on the scope of the problems and need for education. This may involve policy as well as billing and system issues and are often determined by the frequency of inquiries and claim submission errors. PM-PET activities are, for the most part, not targeted to individual providers. PM-PET is designed to be more general in nature and must focus upon training and consulting for both new and current Medicare providers. The scope of PM-PET is to identify and address issues that are of concern to providers. The costs associated with the education and training of these groups of providers and organizations should be budgeted and charged to Activity Code 14001.

This list of activities is designed to improve service to Medicare beneficiaries and providers. Prudent management of your plans will be necessary to achieve our goals. Open lines of communication between you and your RO, as well as with beneficiaries, providers/suppliers and their organizations will be necessary to ensure that operating priorities are properly set and plan objectives are accomplished in a creative and cost effective manner.

SUPPORTING DOCUMENTATION FOR FISCAL YEAR 2002 BPR REQUEST

- If increased funding is requested for PM-PET in FY 2002, please provide additional justifications for any increases. At a minimum, this should include information pertaining to increases in the number of providers serviced, expansion of geographical territory, staff turnover, etc. Please provide details, by required item, concerning any additional monetary increases.

- These BPRs identify the work to be performed in FY 2002. The education and training may be performed using various media. The education and training activities are separated into two broad categories: (1) required and (2) discretionary. The cost of conducting these activities or any fees assessed on providers/suppliers must conform to the guidelines provided below.

- Explain how you plan to allocate costs between PM-PET and MIP-PET. Please keep in mind that for any functions such as general seminars, conventions, or conferences which address fraud and abuse as well as other Medicare issues, the proportional share of the cost of that function to be allocated to PM-PET is equal to the percentage of time related to addressing other Medicare issues times the cost of the function. For example, the proportional share of the cost of a seminar to be allocated to PM-PET is equal to the percentage of the seminar related to addressing issues other than fraud and abuse multiplied by the cost of the seminar (e.g. if it costs $4,000 to arrange and conduct a seminar, containing 75 percent program and billing information and 25 percent fraud and abuse information, then the PM cost would be $4,000 multiplied by .75 or $3,000 and the remaining $1,000 would be charged to MIP-PET).

Fee Policy for Provider Education and Training Activities

Pursuant to your contract with CMS, one of the functions that must be carried out is providing training and education to Medicare providers. Sections 1816 (a) and 1842 (a)(3) of the Social Security Act (the Act) directs contractors to develop provider education and training plans according to guidelines in the Budget Performance Requirements (BPRs). BPRs identify activities such as Medicare provider education and training to be performed during the fiscal year within the funding levels provided by CMS in the Notice of Budget Approval (NOBA). However, over the past decade, the education and training activities performed by many Medicare contractors have exceeded statutory requirements. Because this extra effort improves relations with providers, physicians, and suppliers, you may assess fees for such activities in accordance with the definitions and stipulations contained in PM AB-01-12.

ELEMENTS OF PROVIDER/SUPPLIER SERVICE PLAN

All Carriers are instructed to develop a Provider/Supplier Service Plan (PSP) to support the requirements outlined below and submit it with your Budget Request. Copies of the PSP plan should also be sent by October 31, to Central Office (CO) Division of Provider Education and Training and to your Regional Office (RO) PSP coordinator or contact. Your costs for developing the Provider/Supplier Service Plan should not exceed 15 percent of your total budget allocation.

The PSP should detail, in chronological order, how each of the required PET activities will be conducted. With your PSP, provide to both Central Office (CO) and your Regional Office (RO), the name and phone number of your PSP coordinator. Plans sent to Central Office should be addressed to the Center for Health Plans and Providers, Division of Provider Education and Training, Mailstop C4-10-07, 7500 Security Boulevard, Baltimore, Maryland 21244.

Required PET Activities

I. Inquiry and Data Analysis

A. All carriers will maintain a provider inquiry analysis program. The program will provide and update, on a monthly basis, a list of most frequently asked questions and areas of concern/confusion for providers. Outreach and educational efforts should be developed to address the needs of providers as identified by this program.

B. Problem areas as determined by claim submission errors must also be tallied and analyzed monthly. Claim submission errors are mistakes or errors on or associated with submitted claims that result in unprocessable, rejected, and in some instances, denied and incorrectly paid claims. Outreach and educational efforts should be developed to address the needs of providers as identified by this program.

II. PET Advisory Group

A. Carriers must maintain a PET advisory group whose purpose is to provide advice and recommendations for selection of provider education and training topics as well as dissemination avenues and types and/or locations for educational forums.
The PET advisory group, which should convene quarterly, should consist of representatives from State medical societies, provider organizations, billing staffs and others. The PET advisory group should communicate and seek input from the Carrier Advisory Committee on a regular basis.

B. Carriers should actively participate in those educational forums and professional gatherings resulting from discussions with, or recommendations of, the PET advisory group.

III. Bulletins

A. Issue regular bulletins/newsletters, at least quarterly, which contain program and billing information. Unless specifically requested by the provider, eliminate regular bulletins sent to providers with no billing activity in the previous twelve months. All newly created bulletins must be posted on the contractor's website where duplicate copies may be obtained by provider/suppliers. All bulletins/newsletters must have either a header or footer that includes the following bolded language "THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT (INSERT CONTRACTOR WEBSITE ADDRESS)".

B. Providers/suppliers should be encouraged to obtain electronic copies of bulletins and other notices through the contractor web site. If providers are interested in obtaining additional paper copies on a regular basis, contractors are permitted to charge a fee for this. The fee for this subscription should be "fair and reasonable" and based on the cost of producing and mailing the publication. A charge may also be assessed to any provider/supplier who requests additional single paper copies. See PM AB-01-12 for more information on assessment of fees.

IV. Seminars/Workshops/Teleconferences

A. Hold seminars, workshops, classes, and other face-to-face meetings to educate and train providers regarding Medicare program and billing issues. When feasible, you should coordinate these activities with other Medicare contractors in your service area (this may include PROs, other intermediaries or carriers, SHIP programs and ESRD Networks). Whenever feasible, you should collaborate in holding these events with interested groups and organizations as well as CMS partners in your service area. Develop and implement effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments and pre and post-testing at meetings and seminars.

Any fees charged in conjunction with these activities must be in accordance with the policies stated in PM AB-01-12.

B. Whenever feasible, hold teleconferences to address and resolve inquires from providers, as a method to maximize the number of providers reached.

V. New Technologies/Electronic Media

A. Maintain an Internet website that is dedicated to furnishing providers and suppliers timely, accessible and understandable Medicare program information. Websites and Internet applications should follow the latest CMS Standards and Guidelines. Your website must comply with CMS's AContractor Website Standards and Guidelines≅ posted at http://www.hcfa.gov/about/web/contrsng.htm.
and must be compatible with multiple browsers.

Periodically review the Website Standards and Guidelines to determine your continued compliance. During the first three months of the calendar year, send a signed and dated statement to your Regional Office PSP Coordinator attesting to whether your website continues to comply to the CMS Contractor Website Standards and Guidelines and whether it is compatible with multiple browsers. This attestation statement should be signed by a person in your organization who has authority over your website.

In addition, your website must contain the following:

- All newly created provider bulletins/newsletters;
- A schedule of upcoming events (seminars/workshops, fairs, etc);
- An ability to register for seminars and other events via the website;

- Features which permit providers and suppliers to download and save copies of bulletins, training materials, schedules of upcoming events, and other items,
- Links to:
  - general Medicare program information at www.hcfa.gov and www.medicare.gov
  - the Medicare Learning Network (http://www.hcfa.gov/medlearn/),
  - the site for downloading CMS publications http://www.hcfa.gov/pubforms/pubpti.htm,
  - the site for downloading CMS manuals and transmittals http://www.hcfa.gov/pubforms/transmit/memos/comm_date_dsc.htm
  - other CMS Medicare contractors, partners and other sites useful to providers.
- A listing of frequently asked questions (FAQs/areas of concern) updated quarterly as shown through your inquiry and data analysis program.

Your website should fit into your existing infrastructure. Existing resources and technologies should be utilized wherever possible to reduce costs.

If possible, your provider outreach website should be established as a subdomain of your current commercial website. A subdomain is defined as a unique, separate segment of your current website devoted specifically to one topic (in this case, Medicare provider outreach) and exists as a subdomain of the greater website.

Your website must implement the following technologies to support use of the site:
- Search engine functionality;
- E-mail based support / help / customer service

B. All Medicare contractors will establish and maintain electronic mailing lists, or list-servs, for providers and suppliers. List-servs will be used to notify registrants via e-mail of important and time sensitive Medicare program information, upcoming provider education and training events, and other announcements or messages necessitating immediate attention. Contractors will also use their list-servs to notify registrants of the availability of contractor Bulletins on their web-site. The list-servs will be available to join from contractors' Medicare provider education and training web-sites. The list-serv for each contractor should be capable of accommodating all of its providers/suppliers. Medicare contractors, using notices on their web-sites, Bulletins and newsletters, will encourage providers/suppliers to subscribe to their list-servs. A Program Memorandum explaining specifications and parameters for the list-servs will be forthcoming.

C. In FY 2002, your website must contain a "What's New" or similarly titled section. This section will contain newsworthy and important information that is of an immediate or time sensitive nature to Medicare providers and suppliers.

D. Periodically query the Best Practices site for carrier and intermediary PM-PET staff, available to you at http://www.hcfa.gov/other/bestpractices/default.htm Determine which educational practices, materials and information are adaptable for your organizationa and use.

E. Use of CPT codes on websites will adhere to the requirements stated in PM AB-00-126, issued December 15, 2000. During the first three months of the calendar year, send a signed and dated statement to your Regional Office PSP Coordinator attesting to whether your website complies with the requirements stated in PM AB-00-126. This attestation statement should be signed by a person in your organization who has authority over your website.

F. Conduct training for provider staff in electronic claims submission including but not limited to activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare EDI transactions; use of new or updated Medicare software released during the year; use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of funding associated with EDI functions. Please pay particular attention to the notes below to ensure that costs are being attributed to the appropriate activity code.

* The PM-PET function covers the education of providers in group settings rather than contact with individuals. PM-PET costs include newsletters, classes or outreach to groups of providers and their staff on Medicare coverage, billing and benefits of EDI. This does not include costs related to connectivity for individual providers or the resolution of connectivity problems. Similarly, EDI transactions, or interactions with vendors/clearinghouse for the transfer of EDI transactions are not PM-PET costs. EDI specific support is generally supplied by EDI staff but may vary by contractor. If PET-staff also furnish specialized EDI support, the proportion of their time spent furnishing EDI support to individual providers should be charged to Claims Payment.

VI. Internal Staff Development

A. Hold periodic meetings with staff in appropriate areas of your organization (including medical review, EDI/Systems and program integrity staff) to ensure that inquiries and issues raised by providers and communicated to these other areas in your organization are communicated and shared with provider education staff. Mechanisms to resolve these issues should be discussed. Minutes of these meetings should be kept and filed.

B. Establish and implement a plan to strengthen the quality of written and verbal correspondence with providers/suppliers. Your plan should include an internal review process and activities to ensure that the quality of your communications is continuously improving.

C. Develop open communications with staff at all levels in your organization to encourage the development of creative ideas for improving service to providers and improvements to the Medicare program in general. All staff should be encouraged to provide senior management ideas and suggestions for cost-effective improvements to service. A documented internal process should be in place whereby improvement ideas are acknowledged and considered. Those ideas deemed unique and cost effective should be included in the Quarterly PSP reports sent to your RO and CO PET staff. Selected reports will be posted on: http://www.hcfa.gov/other/bestpractices/default.htm and may be selected for national implementation.

D. Implement a developmental plan for training provider education staff new to your organization and includes periodic reassessment of the training needs of existing staff.

VII. Home Health Benefit - (Responsiveness to OIG/GAO Findings)

A. Where possible, incorporate materials that clearly delineate the physician's role in the creation, certification and recertification of the plan of care for home health, and the beneficiary need for partial hospitalization into existing educational activities.

VIII. Other

A. Coordinate with Durable Medical Equipment (DME) Regional Carriers on issues affecting DME suppliers.

B. Actively solicit feedback related to the Medicare program, contractor service and provider education at every opportunity, e.g., tear-off replies in newsletters, feedback sessions at meetings, etc.

C. Promote utilization of preventive benefits specified in the Balanced Budget Act (BBA) of 1997, the Balanced Budget and Reconciliation Act (BBRA), and the Benefits Improvement and Protection Act (BIPA).

D. Exercise your capacity to analyze physician/supplier problems and issues and identify and resolve common policy and systems issues.

IX. Submission of Quarterly Activity Report

Follow the requirements for the submission, content and format of Quarterly Activities Report as contained in PM AB-01-116.

DISCRETIONARY PROVIDER EDUCATION ACTIVITIES

Discretionary provider education and training activities include:

1. Issuance of special bulletins or letters which contain program and billing information. Unless specifically requested by the provider or supplier, eliminate issuance of these items to all providers with no billing activity in the previous twelve months. Send one bulletin for each provider number, which includes each group number and each individual number within the group. Send one bulletin addressed to the billing manager.

2. Participating in other Medicare contractor conferences on program and billing issues that did not result from recommendation of the PET advisory group.

3. Preparation of videos.

4. Issuing advisories from the Medical Director to area physicians.

5. Requesting provider feedback on the effectiveness of Audio Response Units (ARUs). Utilize feedback to make improvements to the ARU system.